

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530503

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1		1			
11		1				
12		2				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
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48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	25	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						